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|--|---|------------------------|-------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | 10/748,071        |
|  |   | Filing Date            | December 29, 2003 |
|  |   | First Named Inventor   | Paul BARSANTI     |
|  |   | Art Unit               | 1648              |
|  |   | Examiner Name          | S. Snyder         |
| Total Number of Pages in This Submission   | 4 | Attorney Docket Number | 223002107000      |

**ENCLOSURES (Check all that apply)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>Issue Fee Transmittal (1 page)<br>Comments on Reasons for Allowance (2 pages) |
| <div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b><br/>         CUSTOMER NO.: 27476       </div>   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP |          |        |
| Signature    | /Michael G. Smith/      |          |        |
| Printed name | Michael G. Smith        |          |        |
| Date         | March 5, 2009           | Reg. No. | 44,422 |